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<th>MIP READINESS COMPONENT</th>
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| Integration See Section 1 | • No meetings or communication between NMCP and RH programs at national level  
• Poor or coincidental integration at district level  
• No integration of MIP with other public health programs | • Some meetings or communication between NMCP and RH program at national level  
• Attempts at integration at district level  
• Attempts to integrate MIP with other public health programs | • Sharing of information and regular meetings occur between the NMCP and RH program at national level  
• Stated focus of integration at district level  
• Some MIP, RH, child health, and/or HIV/AIDS services have been bundled together in health services | • Joint strategies, planning and sharing of information between NMCP and RH programs at national level  
• District level promotes integration of RH, child health, HIV/AIDS and MIP in administration and supportive supervision  
• MIP, RH, child health, and/or HIV/AIDS are provided together in health services |
| Policy See Section 2-1 | • No or minimal MIP policies, strategies or SDGs (service delivery guidelines) available in-country | • Some MIP policies, strategies or SDGs developed  
• Dissemination not done or not yet completed | • MIP policies, strategies or SDGs developed  
• Dissemination partial  
• Utilization unknown or incomplete | • MIP policies, strategy and SDGs developed and being used at all levels of the health system |
| Commodities See Section 2-2 | • Malaria drug and ITN procurement and distribution systems for ANC clinics poorly functional (e.g., stock-outs)  
• WHO-recommended medicines for malaria and/or MIP have not been approved | • Malaria drug and ITN procurement and distribution systems for ANC clinics functional  
• WHO-recommended medicines for malaria and/or MIP have been approved but not widely available  
• ITNs available sporadically | • Malaria drug and ITN procurement and distribution systems for ANC clinics functional  
• WHO-recommended medicines for malaria and/or MIP have been approved and are widely available  
• ITNs available in many places | • Malaria drug and ITN procurement and distribution systems for ANC clinics efficient  
• WHO-recommended medicines for malaria and/or MIP are always available  
• ITNs always available |
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| Quality Assurance       | • MIP quality assurance standards have not been developed  
                          • Supportive supervision not in place to maintain quality in MIP services  
                          • Quality of MIP services poor | • MIP quality assurance standards have been developed but are not widely used  
                          • Supportive supervision for MIP services in place to limited extent  
                          • Quality of MIP services low | • MIP quality assurance standards have been developed and are used in some areas  
                          • Supportive supervision for MIP services increasingly utilized  
                          • Quality of MIP services moderate | • MIP quality assurance standards have been developed and are used systematically  
                          • Supportive supervision for MIP services utilized systematically  
                          • Quality of MIP services high |
| Training                | • No competency-based training on MIP has been planned  
                          • Pre-service nursing, midwifery and medical curricula outdated with regards to MIP | • Competency-based in-service training on MIP planned or has occurred on limited basis  
                          • Pre-service nursing, midwifery and medical curricula have been revised with regard to MIP but not consistently taught to students | • Competency-based in-service training on MIP conducted for many health service providers  
                          • Updated pre-service nursing, midwifery and medical MIP curricula are being taught at most academic institutions | • Competency-based in-service training on MIP conducted for all appropriate cadres of health service providers  
                          • Updated pre-service nursing, midwifery and medical MIP curricula are being taught at all academic institutions |
| Community-Based MIP Programs | • Community action / awareness on MIP low  
                                 • No resources available for community  
                                 • Low community acceptance of MIP prevention and treatment measures (ITNs, IPTp and case management) | • Community action / awareness on MIP raised through research, advocacy and/or programs  
                          • Few resources developed for communities  
                          • Some community acceptance of MIP prevention and treatment measures | • Community action / awareness on MIP strong through research, advocacy and/or programs  
                          • Appropriate resources widely available  
                          • Moderate community acceptance of MIP prevention and treatment measures | • Community action groups are strong partners in national MIP prevention efforts  
                          • Appropriate resources widely available  
                          • Widespread community acceptance of MIP prevention and treatment measures |
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| **M&E** See Section 2-6 | • Routine data for MIP service delivery not available  
• No MIP indicators developed  
• No baseline\(^1\) information or research results exist for country | • Routine data for MIP service delivery available  
• MIP indicators designed but not integrated into nation system  
• Some baseline information or research results exist for country | • Routine data for MIP service delivery available, collected and reported on  
• MIP indicators agreed upon and data collection started  
• Baseline information or research results exist for country | • Routine data for MIP service delivery available, collected, reported on and used for decision-making  
• MIP indicators being collected regularly  
• Some endline studies designed to capture achievements and/or impact studies being conducted |

| Financing See Section 4 | • National government has not committed funds to MIP programs  
• No donor funding exists for MIP  
• No proposals submitted to donors for MIP funding | • National government has not committed adequate funds to MIP programs to cover projected costs  
• Limited donor funding exists for MIP | • National government has committed funds to MIP programs that significantly contribute to projected costs  
• Strong donor funding exists for MIP | • National government has committed and disbursed funds to MIP programs which that significantly contribute to projected costs  
• Ample donor funding exists for MIP and is being used effectively |

\(^1\) Relevant baseline information includes community utilization of MIP, epidemiology of malaria transmission and pharmacovigilance.